

215040663
62778

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 148	Agency Case No. B5-092678	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1140	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1140	10/05/2015						
B	55	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. West O Street, S. Coddington - SW 20th			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
				42.00		X SW 20th Street					
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. H12366127			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/N	2	DRIVER ADAM A HITTNER			PHONE 402-440-3131	LOCAL NO.					
V2/N	2	DRIVER ADDRESS 2340 NW 41ST ST, LINCOLN, NE 68524			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	01/18/1980				
G	4	OWNER ADAM A HITTNER			PHONE 402-440-3131	LOCAL NO. W/M 01-18-1980					
H	5	OWNER ADDRESS 2340 NW 41st Street, Lincoln, NE 68524			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB490215				
V1/O	3	LICENSE PLATE PA NO. SXU523	YEAR 2012	MAKE KIA	MODEL Optima	BODY STYLE 4 door Sedan	COLOR maroon / burgu	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 5000			
V2/O	2	VEHICLE ID NO. (VIN) 5XXGN4A76CG018427	TOWED TO Tracys South			TOWED BY Captial Towing	INSURANCE COMPANY Nationwide				
I	1	DRIVER LICENSE NO. H13261057			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/P	1	DRIVER PATRICK T REAGAN			PHONE 402-805-1472	LOCAL NO.					
V2/P	1	DRIVER ADDRESS 5118 W VALE ST, LINCOLN, NE 68524			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/01/1970				
J	01	OWNER LINCOLN HOUSING AUTHORITY			PHONE 402-434-2610	LOCAL NO.					
V1/Q	1	OWNER ADDRESS 4721 NW 48th Street, Lincoln, NE 68524			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.				
V2/Q	4	LICENSE PLATE GM NO. 32181	YEAR 2014	MAKE Chevrolet	MODEL E3500	BODY STYLE Full size van	COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200			
K	01	VEHICLE ID NO. (VIN) 1GCZGTCG8E1207539	TOWED TO			TOWED BY	INSURANCE COMPANY Charter Oak Fire Insurance Company				
					POLICY NO. BA-2A233843-15-HPR						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. # NAME ADDRESS						Seat Position	Eject	Body Region	Injury Sev.	Trans.	
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						EMS RUN REPORT NO.					
VEH. # NAME ADDRESS											
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						EMS RUN REPORT NO.					
VEH. # NAME ADDRESS											
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						EMS RUN REPORT NO.					

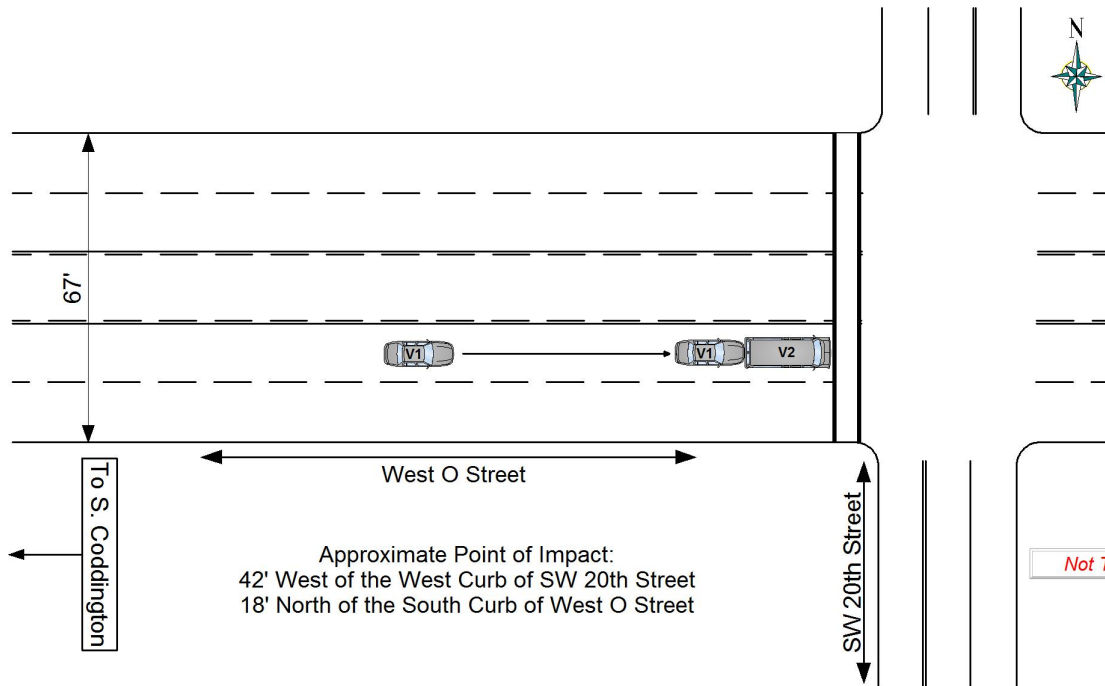
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092678



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 indicated he was EB on West O Street in the inside lane at an estimated speed of 45mph. D1 indicated he looked to the side momentarily & when he looked back in front V2 was coming to an abrupt stop. D1 indicated he applied his brakes but could not avoid striking the rear of V2. D2 indicated he was EB on West O Street in the inside lane approaching SW 20th Street. D2 indicated the light turned yellow and he began to slow & come to a stop as the light turned red. D2 indicated as he came to a stop he was struck from behind by V1. Accident was on viewed by Ofc Hoefer who was EB on West O approx. 1/2 block behind V1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				PHONE
	NAME ADDRESS PHONE				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		West O Street										
2			X		West O Street										
1	01				06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT	05						
2	11				08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05						
					01 Essentially straight ahead	00 None		02 03 04		1 None used - vehicle occupant		Driver No. 1		Driver No. 2	
					02 Backing	09 Top & windows		01 05		2 Lap & shoulder belt used		Y		Y	
					03 Changing lanes	10 Undercarriage		08 07 06		3 Shoulder belt only used		N		N	
					04 Overtaking/Passing	11 Total (all areas)				4 Lap belt only used		ALCOHOL LEVEL TESTED			
					05 Turning right	12 Other				5 Child safety seat used		BAC LEVEL			
					13 Unknown					6 Child booster seat used		ALCOHOL/DRUGS SUSPECTED			
										7 DOT approved helmet used		1		1	
										8 Costume helmet used		1 Neither alcohol nor drugs suspected			
										9 Restraint use unknown		2 Yes - alcohol suspected			
												3 Yes - drugs suspected			
												4 Yes - alcohol & drugs suspected			
												5 Unknown			

OFFICER NO. 763	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Brian Hoefer		INVESTIGATOR SIGNATURE Approved by Officer Brian Hoefer	DATE OF REPORT 10/05/2015